

Medicaid and CHIP Eligibility Review Pilot Sampling Plan Template

GENERAL INFORMATION

ADMINISTRATIVE

STATE NAME:

NAME OF PILOT:

PILOT SAMPLE PLAN SUBMISSION DATE:

[Click here to enter a date.](#)

PILOT FINDINGS DUE DATE:

June 2014 ☐ December 2014 ☐ June 2015 ☐ June 2016 ☐

STATE INFORMATION

STATE AGENCY RESPONSIBLE FOR CONDUCTING REVIEW:

STATE CONTACT NAME:

STATE CONTACT EMAIL ADDRESS:

STATE CONTACT PHONE NUMBER:

NAME OF STATE AGENCIES THAT MAKE ELIGIBILITY DETERMINATIONS:

SAMPLING

DESCRIBE THE SAMPLING FRAME:

IDENTIFY THE MAGI-BASED CASES THAT THE STATE WILL INCLUDE IN THE SAMPLING FRAME:

MEDICAID ACTIVE ☐ MEDICAID NEGATIVE ☐ CHIP ACTIVE ☐ CHIP NEGATIVE ☐

DESCRIBE HOW THE STATE WILL DEVELOP THE SAMPLING FRAME:

IS THE STATE SAMPLING FROM A SINGLE, COMBINED SAMPLE FRAME OF CASES (MEDICAID ACTIVE, MEDICAID NEGATIVE, CHIP ACTIVE, CHIP NEGATIVE)? YES ☐ NO ☐

IF NO, PLEASE DESCRIBE THE SAMPLE FRAME FROM WHICH THE STATE WILL SELECT ITS SAMPLE:

WILL THE SAMPLING FRAME BE STRATIFIED? YES ☐ NO ☐

IF YES, EXPLAIN THE STRATIFICATION APPROACH AND IDENTIFY THE STRATA FOR EACH SAMPLE FRAME AS APPLICABLE:

DESCRIBE EXCLUSIONS:

IS THE STATE ABLE TO EXCLUDE ADMINISTRATIVE TRANSFERS (I.E. ELIGIBILITY DETERMINED BY OTHER PROGRAMS SUCH AS SNAP OR TANF) FROM THE SAMPLE FRAME? YES ☐ NO ☐

IF YES, EXPLAIN HOW THE STATE BE ABLE TO EXCLUDE THE CASE:

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IS THE STATE ABLE TO EXCLUDE ANY CASES NOT MATCHED WITH THE TITLE XIX OR TITLE XXI FEDERAL FUNDS, INCLUDING STATE-ONLY CASES, FROM THE SAMPLE FRAME? YES ☐ NO ☐

IF YES, EXPLAIN HOW THE STATE WILL BE ABLE TO EXCLUDE THE CASES:

IS THE STATE ABLE TO EXCLUDE ANY DETERMINATIONS THAT ARE NOT MAGI-BASED FROM THE SAMPLE FRAME ? YES ☐ NO ☐

IF YES, EXPLAIN HOW THE STATE WILL BE ABLE TO EXCLUDE THE CASES:

IS THE STATE ABLE TO EXCLUDE EXPRESSE LANE ELIGIBILITY CASES FROM THE SAMPLE FRAME? YES ☐ NO ☐

IF YES, EXPLAIN HOW THE STATE WILL BE ABLE TO EXCLUDE THE CASES:

IS THE STATE ABLE TO EXCLUDE CASES UNDER ACTIVE FRAUD INVESTIGATION FROM THE SAMPLE FRAME? YES ☐ NO ☐

IF YES, EXPLAIN HOW THE STATE WILL BE ABLE TO EXCLUDE THE CASES:

IF THE STATE ANSWERED NO TO ANY OF THE ABOVE EXCLUSIONS, PLEASE EXPLAIN WHY THE CASES CANNOT BE EXCLUDED:

IS THE STATE PLANNING TO EXCLUDE ANY OTHER TYPES OF CASES IN ADDITION TO THE REQUIRED EXCLUSIONS? YES ☐ NO ☐

IF YES, PLEASE IDENTIFY THE ADDITIONAL EXCLUSIONS AND EXPLAIN WHY THE CASES WILL BE EXCLUDED FROM THE SAMPLE FRAME:

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SAMPLE FRAME QUALITY CONTROL

DESCRIBE THE QUALITY CONTROL PROCEDURES THAT WILL BE APPLIED TO ENSURE THE COMPLETENESS/ACCURACY OF THE POPULATION FROM WHICH THE SAMPLE IS DRAWN.

SAMPLE SIZE AND DISTRIBUTION

TOTAL SAMPLE SIZE FOR PILOT STUDY:

IDENTIFY THE SAMPLE SIZE FOR EACH PROGRAM:

MEDICAID SAMPLE SIZE:

CHIP SAMPLE SIZE :

IF THE STATE IS SAMPLING FROM SEPARATE ACTIVE AND NEGATIVE SAMPLE FRAME, IDENTIFY THE SAMPLE SIZE FOR EACH SAMPLE FRAME:

MEDICAID ACTIVE SAMPLE SIZE:

MEDICAID NEGATIVE SAMPLE SIZE:

☐ N/A

☐ N/A

CHIP ACTIVE SAMPLE SIZE:

CHIP NEGATIVE SAMPLE SIZE:

☐ N/A

☐ N/A

ARE THE SAMPLE SIZES IDENTIFIED BY THE STATE PROPORTIONATE TO THE NUMBER OF DETERMINATIONS MADE FOR EACH PROGRAM? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN THE RATIONALE FOR THE DISPROPORTIONATE SAMPLE SIZES:

IF YES, PLEASE EXPLAIN HOW THE STATE DETERMINED THE SAMPLE SIZES ARE PROPORTIONATE:

IF THE STATE IS SAMPLING FROM SEPARATE ACTIVE AND NEGATIVE SAMPLE FRAME , DESCRIBE HOW THE STATE DETERMINED THE SAMPLE SIZE FOR EACH SAMPLE FRAME:

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SAMPLE METHODOLOGY

IDENTIFY THE METHOD FOR DRAWING THE SAMPLE (E.G., SIMPLE RANDOM SAMPLE, SKIP FACTOR) AND PROVIDE A DESCRIPTION OF HOW THE STATE WILL IMPLEMENT THE SELECTED METHODOLOGY:

SAMPLE TIMEFRAME

DESCRIBE THE STATE'S TIMEFRAMES FOR SAMPLING (I.E. MONTHLY, QUARTERLY):

TOTAL SAMPLE SIZE OCTOBER – DECEMBER 2013:

TOTAL SAMPLE SIZE JANUARY – MARCH 2014:

DOES STATE HAVE CMS-APPROVED MITIGATION PLAN? YES ☐ NO ☐

IF YES, DESCRIBE THE IMPLICATIONS OF THE MITIGATION PLAN ON THE SAMPLE TIMEFRAME:

REVIEW

CASE REVIEW

GENERALLY, DESCRIBE THE STATE'S REVIEW PROCESS:

SPECIFY HOW ERRORS WILL BE IDENTIFIED AND CLASSIFIED.

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DESCRIBE ROBUSTNESS OF REVIEW COMPLETED AND WHAT CASEWORKER ACTIONS WILL BE REVIEWED:

EXPLAIN STEPS TAKEN BY REVIEWERS TO DETERMINE ERRORS:

CASE REVIEW QUALITY CONTROL

DESCRIBE THE QUALITY CONTROL PROCEDURES FOR ENSURING ACCURACY OF THE REVIEW DECISION:

PAYMENT REVIEW

DESCRIBE THE STATE'S PAYMENT REVIEW METHODOLOGY:

TEST CASE INFORMATION

INCLUDE ANY INFORMATION THE STATE WOULD LIKE CMS TO KNOW REGARDING THE TEST CASES, INCLUDING ANY AVAILABLE ESTIMATES OF WHEN THE STATE EXPECTS TO RUN THE TEST CASES:

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RESULTS

FOR EACH FIELD BELOW SPECIFY HOW THE PROPOSED PILOT WILL ENABLE THE STATE TO REPORT ON EACH MEASURE

WAS THE DECISION ABOUT PROGRAM ELIGIBILITY CORRECT?

WAS THE DECISION ABOUT ELIGIBILITY GROUP CORRECT?

IF THE DECISION HAS BEEN FINALIZED AND DENIED, WAS THE CASE TRANSFERRED TO THE SBM/FFM APPROPRIATELY?

IF THE DECISION HAS BEEN FINALIZED AND DENIED, HAVE APPROPRIATE FINAL NOTICES BEEN SENT?

IF THE APPLICATION WAS TRANSFERRED FROM A SBM/FFM, WERE APPROPRIATE STEPS TAKEN TO ENSURE REUSE OF INFORMATION?

WERE THE APPROPRIATE ATTESTATIONS OR VERIFICATIONS MADE FOR DATA COLLECTED IN THE APPLICATION AS IDENTIFIED IN THE STATE'S VERIFICATION PLAN BEFORE DISPOSITION?

IF ADDITIONAL INFORMATION WAS SOUGHT FROM THE APPLICANT OR BENEFICIAIRY, WAS SUCH INFORMATION PROPERLY REQUESTED BASED ON ATTESTATION AND VERIFICATIONS, OR EXISTING DATA, AND UTILIZED PROPERLY IN THE ELIGIBILITY DETERMINATION?

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BASED ON THE INFORMATION SUPPLIED, ATTESTED AND VERIFIED, WAS THE HOUSEHOLD COMPOSITION AND INCOME LEVEL FOR THE APPLICANT PROPERLY ESTABLISHED?

BASED ON THE INFORMATION SUPPLIED, ATTESTED, AND VERIFIED, WAS THE CITIZENSHIP AND IMMIGRATION STATUS FOR THE APPLICANT PROPERLY ESTABLISHED?

ANALYSIS BY POINT OF APPLICATION/TYPE OF APPLICATION/CHANNEL

OTHER FACTORS

TEST CASE RESULTS

DESCRIBE HOW THE STATE WILL REPORT ON THE RESULTS OF THE TEST CASES:

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ADDITIONAL COMMENTS

PROVIDE ANY ADDITIONAL COMMENTS, AS NEEDED, REGARDING THE STATE'S PILOT STUDY:

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